			216269
STATE OF	SOUTH CAROLINA)		BEFORE THE
	lication for a Class C Charter Certificate from	PI	UBLIC SERVICE COMMISSION OF SOUTH CAROLINA
John	Doe dba Doe's Limo	TRANSPORTATION COVER SHEET DOCKET 8008 - 238 - T NUMBER: 2008 - 103 - T	
(8017-A) &	Change Name on Class C Charter Non-Emergency(7995) Certificates for unty Senior Unlimited, Inc.		
)))	have a Docke have filed wi	r first time filing an application with the PSC, you will not et Number. The Commission will assign one to you. If you th the Commission before, a Docket Number was assigned entered above.
(Please type or	r print) by: Al Parsons	Telephon	e : 864-878-0172
	Pickens County Seniors Unlimited, Inc.	Fax:	864-878-6018
	P.O. Box 1323 114 Pumpkintown Hwy.	Other:	
•	Pickens, SC 29671 over sheet and information contained herein neither replace		pickenssrs@bellsouth.net
be filled out c	over sheet and information contained hereif heliter replace of law. This form is required for use by the Public Service completely. NATURE OF ACTION		
Applicat	tion - Class C Taxi		Request to Amend Scope of Authority
	tion - Class C Charter		Request to Amend Tariff (rate Increase, etc.)
	tion - Class C Charter Bus		Request to Amend Passenger Limit
	tion - Class C Non-Emergency		Request
	AFA 1 0 2009 ation - Class E Household Goods		Exhibit
	PSC SC ation - Class E Hazardous Waste DOCKETING DEPT	•	Late-Filed Exhibit
Applica	ation		Letter
	t for Extension to Comply with Order		Proposed Order
Request for Order Granting Authority to Obtain a Certific			Publisher's Affidavit
of Publi	blic Convenience and Necessity to be Rescinded		Reservation Letter
Reques	t for Cancellation of Certificate		Response
Reques	t for Suspension		Return to Petition
Reques	at for Reinstatement		Other: Docket # for Class C Charter
	Cartificate		2008-238-T

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.



X Request for Name Change on Certificate



CLASS C AMENDMENT FORM

File the original with:	Mail or fax a copy to:
Public Service Commission of South Carolina Docketing Department Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 – 5100 FAX (803) 896-5199	S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815
DATE: April 6, 2009	2008-103-T 2008-238-T
I have the following Certificate:	
Class C Taxi # Class C Charter	# 8017-A Class C Charter Bus #
Class C Non-Emergency #7995	
Please consider this as my request for the followi	ng amendment(s) to my Certificate:
Name Change	
From: Pickens County Senior Unlimited, Inc.	DBA:
(Current Name)	(Current DBA if applicable)
TO: Pickens County Seniors Unlimited, Inc. DE (New Name)	A:(New DBA if applicable)
Scope of Authority	
From:	То:
(Current Scope)	(New Scope)
Passenger Limit	
From:	To:
(Current Limit Number)	(New Limit Number)
Pickens County Seniors Unlimited, Inc. (Name & DBA if applicable)	114 Pumpkintown Hwy. P.O. Box 1323 (Street and/or Mailing Address)
Pickens, SC 29671	a Hay
(City, State, Zip Code)	(Signature)
864-878-0172	Executive Director
(Telephone Number)	(Title)

(Title)

STATE OF SOUTH CAROLINA SECTETARY OF STATE

JAN 2 2 2009

NONPROFIT CORPORATION TO STATE OF SOUTH CAROLINA

	i irus	700 - 010	CLEARLY WITH BLACK INK			
₽u	irsu e ap	ant to ti oplicant	he provisions of Section 33-31-1005 delivers to the Secretary of State th	of the 1976 South Carolina Code of Laws, as amended, ese articles of amendment.		
1.			e of the nonprofit corporation is			
2.			orporated August 4, 1972			
3.	St E	secify (s	a) the text of every amendment ador cle: The name of the corporation sha	oted, and (b) list when each amendment was adopted. If be amended to Pickens County Seniors Unlimited, Inc.		
				Total Country Octaons Offinialed, Inc.		
4.	dir	ectors (nt represents that (a) approval of the amendment by the nt was approved by a sufficient vote of the board or this paragraph #4 if member vote was required or if the s not obtained.)		
	If t	he apprormutio	roval of the members was required t in:	o adopt the amendment(s), provide the following		
	(3)	Desig	nation (Classes of Membership)			
	(b)	Numb	er of memberships outstanding			
	(c)	Numb	er of votes entitled to be cast by eac	ch class entitled to vote separately on the amendment		
	(c')	Numbe	er of votes of each class indisputabl	y voting on the amendment		
(e)		Complete one of the following as appropriate				
		(i)	Total number of votes cast for and separately	against the amendment by each class entitled to vote		
		(i.)	Total number of undisputed votes of sufficient for approval for that class	cast for the amendment by each class which was S		

Mark Hammond

South Carolina Secretary of State